



## Work Order Day Application

### CONTACT INFORMATION

NAME	
STREET ADDRESS	
CITY ST ZIP CODE	
BEST CONTACT NUMBER	
E-MAIL ADDRESS	

### AVAILABILITY

DURING WHICH HOURS ARE YOU AVAILABLE FOR WORK ORDER DAY ASSIGNMENTS?

- WEEKDAY MORNINGS                       SATURDAY MORNINGS  
 WEEKDAY AFTERNOONS                       SATURDAY AFTERNOONS

WHAT DAY WORKS BEST FOR YOU?    MON TUE WED THU FR

### INTERESTS

TELL US IN WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING

#### PEER TEAM

- PROGRAM TOUR  
 GAMER ENGAGER  
 WELCOMING SPECIALIST  
 RESOURCE ROOM CONCIERGE  
 TRANSLATOR  
 MEMBER SUPPORT  
 COMMUNITY OUTREACH

#### MAINTENANCE TEAM

- KITCHEN DUTIES  
 WINDOW CLEANING  
 WATERING GARDEN  
 EVENT HELPER  
 CAMPUS CLEAN UP

#### ADMINISTRATION TEAM

- ANSWERING PHONE  
 MAKING COPIES  
 FAXING  
 OTHER CLERICAL DUTIES

### SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS YOU HAVE ACQUIRED FROM EMPLOYMENT, PREVIOUS VOLUNTEER WORK, OR THROUGH OTHER ACTIVITIES, INCLUDING HOBBIES OR SPORTS.

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### HOW MANY HOURS ARE YOU WILLING TO COMMIT PER MONTH?

### AGREEMENT AND SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT I MUST NOTIFY WCS'S STAFF IF I AM UNABLE TO REPORT TO MY SCHEDULED WORK ORDER DAY.

I UNDERSTAND WORK ORDER DAY VOLUNTEERS MAY BE REMOVED FROM WORK SCHEDULED DAY AND OR WORK ORDER DAY ROSTER, IF THEY FAIL TO COMPLY WITH ANY OF THE WCS'S WORK ORDER DAY AGREEMENT.

WORK ORDER DAY VOLUNTEERS MAY BE ABLE TO REAPPLY AT A LATER TIME PENDING PROGRAM MANAGEMENT APPROVAL.

BY SUBMITTING THIS APPLICATION, I UNDERSTAND THE EXPECTATIONS AND COMMITMENTS THAT COME WITH BEING WORK ORDER DAY VOLUNTEER.

NAME (PRINTED)	
SIGNATURE	
DATE	
PHONE NUMBER	

***Thank you for completing this application form and for your interest in being Work Order Day Volunteer at the Wellness Center South.***